

State of California Secretary of State

STATEMENT OF INFORMATION (Limited Liability Company)

FILED
in the office of the Secretary of State
of the State of California

NOV 0 9 2009

Filing Fee \$20.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. LIMITED LIABILITY COMPANY NAME (Please do not alter if name is preprinted.)

EJ GLOBAL, LLC

		This Space Fo	or Filing Use Only
DUE DATE:			
FILE NUMBER AND STATE OR PLACE OF ORGANIZATION			
2. SECRETARY OF STATE FILE NUMBER	3 STATE OR PLACE OF ORGANIZ	ATION	
200821210058	CA		
COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)			
4 STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY AND STATE		ZIP CODE
1126 WILSHIRE BLVD.	LOS ANGELES,	CA	90017
5 CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)	CITY	STATE	ZIP CODE
1126 WILSHIRE BLVD.	LOS ANGELES	CA	90017
NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OFFICER, IF ANY			
6. NAME ADDRESS	CITY AND STATE		ZIP CODE
NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER (Attach additional pages, if necessary.)			
7 NAME ADDRESS	CITY AND STATE		ZIP CODE
ERIKA GIRARDI 1126 WILSHIRE BLVD.	LOS ANGELES	S, CA	90017
8 NAME ADDRESS	CITY AND STATE		ZIP CODE
9. NAME ADDRESS	CITY AND STATE		ZIP CODE
AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 11 must be completed with a California address. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 11 must be left blank.)			
10. NAME OF AGENT FOR SERVICE OF PROCESS			
THOMAS V. GIRARDI	•		
11. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIV	IDUAL CITY	STATE	ZIP CODE
1126 WILSHIRE BLVD.	LOS ANGELES	CA	90017
TYPE OF BUSINESS	<u> </u>		
12 DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY	·		
RECORDING ARTIST			i
13 THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT		······································	
COUVA OIDADDI		ANAGEE	40.24.0000
ERIKA GIRARDI TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM	SIGNATURE M	ANAGER	10-21-2009 DATE
LLC-12 (REV 03/2007)	SIGNATURE		BY SECRETARY OF STATE